

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032659

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 416

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		c. CITY OR TOWN Carl Junction	
Length of stay in 1b 5 day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St. John's Hospital		d. STREET ADDRESS (If outside, give location) 114 Hillcrest	
3. NAME OF DECEASED (Type or print) First Charles Middle Henry Last Womeldorff		4. DATE OF DEATH Month Aug. Day 21, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-14-1921
9. AGE (last birthday) 42		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor	
11. BIRTHPLACE (City and state or country) St. Paul, Kans.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles H. Womeldorff		13b. MOTHER'S MAIDEN NAME Anna Vlcek	
14. NAME OF HUSBAND OR WIFE Janie Womeldorff		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Mrs. Janie Womeldorff	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3.6 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg; etc.)	
20f. CITY, TOWN, OR LOCATION Joplin, Mo		COUNTY STATE	
21. I attended the deceased from 19 Aug 63 to 21 Aug 63 and last saw him alive on 21 Aug 63 Death occurred at 5:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Robert J. Parnell	
22b. ADDRESS Joplin, Mo		22c. DATE SIGNED 21 Aug 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-23-1963	
23c. NAME OF CEMETERY OR CREMATORY Park		23d. LOCATION (City, town, or county) Columbus, Kansas	
24. FUNERAL DIRECTOR E. J. Jorden, Columbus, Kansas		25. DATE RECD. BY LOCAL REG. 8-23-1963	
26. REGISTRAR'S SIGNATURE Dove Merriam			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 0499

2 0490

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12 3-0

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072-232-201

AUG 28 1963

AUG 30 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harvey E. Ames  
Licensed Embalmer No. 4463

P. O. Address Jasper Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.